

## Vermont Pharmacy Programs Alert

- **January 1, 2007 marks the beginning of the second year of Medicare's Part D drug coverage. Though we understand there are no changes to the Part D process as a whole, there are new Part D Plans (PDPs) being offered. In addition:**
  - There are changes in the coverage and premiums of individual PDPs, so we are expecting some beneficiaries to change plans.
  - Many of the prior authorizations in the existing PDPs will be due for renewal at the beginning of the new calendar year. This mailing provides you with contact and BIN/PCN information for all of the 2007 Part D plans.
- **Help With PDP Enrollment:** If a beneficiary needs assistance reviewing his or her current plan or choosing a new plan, counselors are available at **800-642-5119**.
- **Problem Resolution (Holiday Access):** New plan choices are in effect as of 1/1/07. OVHA will have staff available on 1/1/07 from 9:00 a.m. to 4:30 p.m. to provide assistance with coverage or access issues that you are unable to resolve with the PDPs. You may call **802-879-5900**.
- **Complaints:** Complaints regarding PDP plans should be sent to CMS. Please forward these issues to: **bostonpartdinquiries@cms.gov**.
- **Important Phone Numbers:** Questions regarding Medicare Part D coverage and prior authorizations should be directed to the Part D plan that the beneficiary is enrolled in.
  - Beneficiaries enrolled in a Part D plan and Medicaid or VPharm can call Vermont Health Access Member Services at **800-250-8427** with questions about their state pharmacy coverage.
  - If you or the beneficiary needs assistance with the prior authorization, exception requests, or appeals process, please contact the Office of Health Care Ombudsman at **800-917-7787**.
- **Identifying A Beneficiary's PDP:** The E1 process is the quickest way to identify a beneficiary's PDP. Per Se Technologies is in the process of upgrading the E1. Please see the attached information on the "Enhanced E1" from CMS.
- **When A Beneficiary Has No PDP:** If MedMetrics messaging indicates that you should bill a PDP first, yet there is no PDP identified by E1 or the beneficiary, you may be able to bill Wellpoint. Wellpoint has been expanded to cover not only full-benefit dual members, but also most Medicare D-eligible SPAP members.
- **Copays For Full-Benefit Duals:** Members are only responsible for copays up to \$5.35. Copays greater than this amount will no longer be covered by the Part D wrap benefit. If the PDP is indicating a higher copay, you will need to contact the PDP. If this doesn't resolve the problem, you or the beneficiary may call Member Services at 1-800-250-8427.
- **Not A Part D Issue But Important: Copays for Medicaid Members:** As of January 1, 2007, 18, 19, and 20 year olds on Medicaid will no longer be charged a copay for prescriptions.